

CSN Membership Form

Last Name	_____	Birth date	_____
First Name	_____		
Address	_____		
Address	_____	Phone	_____
Town/City	_____		
County	_____	Mobile	_____
Post Code	_____		
Ecclesia	_____	Email	_____

The Work of the CSN is in five areas. Please ✓ which work you would like to help with.

First Contact	<input type="checkbox"/>	Members who are available to receive calls on the Telephone Helpline. Appropriate skills are required.
Second Contact	<input type="checkbox"/>	Members who through their personal experience or professional skills are able to offer help.
The Prayerline	<input type="checkbox"/>	Members who are available to pray on a regular basis for those who request prayer.
Supporter	<input type="checkbox"/>	Members who wish to support various CSN activities as far as they are able.
Ecclesial contact	<input type="checkbox"/>	Members who will be willing to represent the CSN in their own ecclesia

All Information given by you is treated in strict confidence. Any requests for help will be referred to you only after first receiving your permission. Your support is very much appreciated.

Please see our Privacy Notice at www.chsn.org.uk/privacy.

Please complete as far as possible the areas of support laid out over the page.

I would like to help with or support the work of the CSN and I understand and accept that any personal information received through the activities of the CSN concerning individuals, is to be considered as strictly confidential.

I am happy to receive news and Invitations by email. Yes/No

Signed _____ Date _____

Please print, sign and send to the address below or scan and email to admin@chsn.org.uk

Information about Yourself

This information is used by the brothers & sisters manning the Helpline telephones – where they try to match a caller’s need to the appropriate skills of brothers and sisters offering their help.

There are three main areas:

1. Professionals: Support offered from your vocation

Please provide information if you are able to help in a professional capacity, giving your occupation, profession or speciality, with your qualifications and experience if appropriate:

Are you taking part in Continuous Professional Development?

Do you hold (personally or through your employment) appropriate professional indemnity insurance that covers what you would do for CSN

Are there circumstances when you would charge fees for your services? Please give details

2. Support offered from Life Experience

Please provide any information if you feel you are able to help from your own experience, problems or trials:

3. Befrienders

This could include managing and/or participation in support rotas to write/phone/visit lonely brothers and sisters

Details of any qualification in counselling, listening skills and any voluntary work in last five years e.g. Samaritans

4. Support for CSN Activities

CSN Awareness Days this would include:		CSN general support	
• Welcoming	<input type="checkbox"/>	• General	<input type="checkbox"/>
• Room preparation	<input type="checkbox"/>	• Talks/leading workshop/seminars	<input type="checkbox"/>
• Music	<input type="checkbox"/>	• Managing mailings	<input type="checkbox"/>
• Catering	<input type="checkbox"/>	• Training	<input type="checkbox"/>
• Presiding	<input type="checkbox"/>	• Organising	<input type="checkbox"/>
• Listening	<input type="checkbox"/>		<input type="checkbox"/>
And of course being there.			